Docket No. DI-5829

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEMS AND METHODS FOR PERITONEAL DIALYSIS

the specification of v	which: (check one)		
X is attached he	ereto.		
was filed on International and was ame	Application No	, as United States A	pplication No. or PCT
•		understand the contents of d by any amendment referred	
_	material to the patentabili	nited States Patent Office all ity of this application in acc	
Section 365(b) of an of any PCT internation States, listed below for patent or inventor	y foreign application(s) for onal application which de and have also identified be	der Title 35, United States or patent or inventor's certification at least one country elow, by checking the box, a ternational application having med.	cate, or Section 365(a) other than the United any foreign application
Prior Foreign Applic	ation(s)		
Number	Country	Day/Month/Year Filed	Priority Not Claimed

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

Application Serial No. 60/397,045

Filing Date
July 19, 2002

I hereby claim the benefit under 35 U.S.C. Section 120 of any United States application(s), or Section 365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C.F.R., Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.

Filing Date

Status (patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint the practitioners at customer number: 29200

29200
PATENT TRADEMARK OFFICE

as my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and direct that all correspondence be forwarded to:

Joseph P. Reagen, Esq. Corporate Counsel, Renal Division Baxter Healthcare Corporation One Baxter Parkway, DF3-3E Deerfield, IL 60015-4633

And all telephone calls be directed to: (847) 948-3315.

Full name of first or sole inventor		
Brian R. Micheli	1. M. 6/30/03	
Second inventor's signature	Date	
Residence		
Wadsworth, Illinois		
Citizenship		
United States		
Post Office Address		
3311 MINI DRIVE		
Wadsworth, Illinois 60083		